

Streamlined Documentation for Working with Teams

TOM YOUNG, DC, DACBSP®

Don't all get so excited



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Your Instructor

Tom Young, DC, DACBSP®

- Owner: Countryside Chiropractic
 - Endurance Events
 - CrossFit Community
 - Professional Baseball
- Faculty Appointments
 - Palmer College of Chiropractic-Florida
 - Clinical Sciences
 - Embry Riddle Aeronautical University
 - Human Factors: Ergonomics, Biomechanics, & Aerospace Physiology
 - National University of Health Sciences-Florida
 - Chiropractic Sciences



Disclosures

I have no actual or potential conflict of interest related to this content. My presentation today represents my own views and opinions, and not that of any University, clinical practice, or sports organization for which I am affiliated.

Please obtain legal advice regarding implementation of the strategies contained within, as each jurisdiction may have varying interpretations. I am not an attorney, nor should the information contained within be misconstrued as legal advice. Please consult a healthcare attorney for assistance.



Program Objectives

Appreciate

Appreciate the importance of effective documentation in the sideline environment.

Apply

Apply the concepts presented for creation of forms to be used on-site

Define

Define the required components of a patient record.

Patient Name: JON DOE SAMPLE Date: XX/XX/XX

Chief Complaint: (R) SHOULDER PAIN (Circled) Pre-Game In Game Chronic

Subjective No complaint, performance screen

2 WKS DURATION, NON-TRAUMATIC, 210 NPS ACFT ON MEDIAL (R) SCAPULA, AGGRAVATED BY THROWING, RLT/ICE, RELIEVES, NO RADIATION

Vitals: BP: R L T Temp Pulse Resp

Palpation/Inspection: Post/Gait/FMA: NR SHOULDER ELEVATION DYSKINESIS & OVERHEAT

Joint	LLD L R	Derefield	SAL/SAR	FM Dec L R	Edema LSI RSI
LCS/RCS	LLD L R	Derefield	SAL/SAR	FM Dec L R	Edema LSI RSI
Left Mopal	Left Static	Dec Seg Mot	Right Mopal	Right Static	Listing Technique Post-check findings
Rot / Lat Flex	Edema / TH	C2	Rot / Lat Flex	Edema / TH	PL Seiz P MOB
Rot / Lat Flex	Edema / TH	T3	Rot / Lat Flex	Edema / TH	DES MDP P MOB
Rot / Lat Flex	Edema / TH	T5	Rot / Lat Flex	Edema / TH	PRS — QCMT
Rot / Lat Flex	Edema / TH	T8	Rot / Lat Flex	Edema / TH	PRS PDU P MOB
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH	
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH	

Notes: ADAMS + POSTURE — FOR SCOLIOSIS, (R) SCAPULOTHORACIC JT & MEDIAL GUIDE E ADJACENT HYPERTONICITY, (R) HUMERO-ULNAR JT & EXT E PN IN TERMINAL EXT

Myofascial	Left	Tissue	Right	Trigger Point	Technique	Response
Tender	Hypertonic	RHOA	Hypertonic	Tender	L Trp R MRT	↓ TONE
Tender	Hypertonic	UT	Hypertonic	Tender	L Trp R MRT	"
Tender	Hypertonic	LEVATM	Hypertonic	Tender	L Trp R MRT	"
Tender	Hypertonic	LAT	Hypertonic	Tender	L Trp R MRT	"
Tender	Hypertonic		Hypertonic	Tender	L Trp R	

Notes:

Patient Management: Referral to: EMS (Circled) Massage PCP Ortho Imaging

CMT: (C/T) L (P) UE LE P/U IN OFFICE / ON-SITE / WK OR SOONER IF EXACERBATES

Date: XX/XX/XX Clinician Signature: [Signature]

Insert Question 1 Here

Do I have to document???

Am I being paid or volunteer?

Is there another provider coordinating care in a network I'm part of?

Am I only taping or stretching?

The answer is PROBABLY YES!!!

Am I operating as a “good Samaritan?”– This one might be a little more fuzzy.

Who do we document for?

THE PATIENT

Ourselves

Other providers

Payers

Malpractice

State Board

Required Components

Initial Visit Requirements

- Relevant History of Patient's Condition with Detailed Description of the Present Condition.
- Evaluation of Musculoskeletal/Nervous System Through Physical Examination.
- Diagnosis.
- Treatment Plan: Recommended level of care (duration and frequency of visits); Specific treatment goals; Objective measures to evaluate treatment effectiveness.
- Date of Initial Treatment.

Subsequent Visit Requirements

- History: Review of chief complaint; Improvement or regression since last visit; System review, if relevant.
- Physical Examination: Exam of the spine involved in diagnosis; Assessment of change in patient condition since last visit; Evaluation of treatment effectiveness.
- Documentation of Treatment Given on Day of Visit.
- Any Changes to the Treatment Plan.

Required Components

Is it Initial or Subsequent?

Hybrid of **Initial** and **Subsequent** Visits

- Singular interaction where you are unfamiliar with the team

Requirements will expand to include:

- Brief review of systems related to problem of focus
- Assessment of contraindications

Required Components

Is it Initial or Subsequent?

Initial Visit

- Preparticipation Exams or Team Screens

Requirements will focus around:

- Risk factors for individual sport
- Baseline assessments (concussion, physical capacity, etc)
- Competition readiness
- Planning is less about treatment and more about risk mitigation

Required Components

Is it Initial or Subsequent?

Subsequent Visit

- Participants you are familiar with and have records on file
- Participants examined by the organization for which records are accessible

Requirements focus around

- Progress since last visit
- Current findings
- Treatment administered today with updates to plan

Basic Components- Hybrid/Subsequent Visits

S: Patient tells you where to look

O: P A R T S

A: Diagnosis/Subluxation

P: What you did today, and plan for the patient to do moving forward, if it has changed

Documenting the Subluxation (Or whatever you call it)

P: Pain & Tenderness

A: Asymmetry

R: Segmental Range of Motion Deficit

T: Tissue/Tone Changes

*Some will include special tests, but most of those can be qualified using one of these categories

<https://www.acatoday.org/Practice-Resources/Medicare/PART-System>

Documenting the Subluxation (Or whatever you call it)

P: Pain & Tenderness

- Provoked by palpation, percussion, or range of during motion/muscle testing
- Observation of antalgia
- VAS/NPS
- Pain Questionnaires/OATS

Documenting the Subluxation (Or whatever you call it)

A: Asymmetry

- Palpable prominent segments (think osseous not soft tissue)
- Imaging findings if available
- Observation of Posture, Gait, Movement Assessment

Documenting the Subluxation (Or whatever you call it)

R: Segmental Range of Motion Deficit

- Motion Palpation
- Observation of ROM either grossly or using goniometer, inclinometer, etc
- Stress images if available

Documenting the Subluxation (Or whatever you call it)

T: Tissue/Tone Changes

- Observation of spasm, swelling, etc
- Palpation (static or motion)
- Indicators of muscle length and strength like Muscle testing, Leg Checks, Postural Measurements

Building YOUR Notes

BE STUBBORN
ABOUT YOUR GOALS
**and flexible
about your
methods.**



Building YOUR Notes

Consider your role in the event


- Team physician
- One-time volunteer
- Event coordinator

Consider your evaluation and management flow

Consider the type of event and how it dictates the exam necessary

Consider need for multidisciplinary coordination of care


START WITH THE BASICS

				Tom Young DC, DACBSP® Onsite Chiropractic Treatment Form			
Patient Name: JON DOE SAMPLE				Date: XX/XX/XX			
Chief Complaint: (R) SHOULDER PAIN				(C) Pre-Game In Game Chronic			
Subjective				No complaint, performance screen			
2 WKS DURATION NON-TRAUMATIC, 2/10 NPS ACMT ON MEDIAL (R) SCAPULA, AGGRAVATED BY THROWING, RGT/ICE, RELIEVES, 0 RADIATION							
Vitals: BP: R L L T				Temp Pulse Resp			
Palpation/Inspection:				Post/Gait/FMA: 1 (R) SHOULDER ELEVATION DYSPHRESIS + OVERHEAD			
Joint LLD L R		LLD L (R) Derefield + -		SAL/SAR		FM Dec L (R) Edema LSI (RSI)	
Left Mopal	Left Static	Dec Seg Mot	Right Mopal	Right Static	Listing	Technique	Post-check findings
Rot / Lat Flex	Edema / TH	C2	Rot / Lat Flex	Edema / TH	PL	ScitD	↑ MOB
Rot / Lat Flex	Edema / TH	T3	Rot / Lat Flex	Edema / TH	DES	MDP	↑ MOB
Rot / Lat Flex	Edema / TH	T5	Rot / Lat Flex	Edema / TH	PRS	—	OCMT
Rot / Lat Flex	Edema / TH	T8	Rot / Lat Flex	Edema / TH	PRS	PDIV	↑ MOB
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH			
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH			

Building YOUR Notes

SUBJECTIVE: FIND WAYS TO
SIMPLIFY DOCUMENTATION
WHILE GIVING NECESSARY
DETAIL

CONSIDER HAVING PATIENTS
COMPLETE SUBJECTIVE SECTION



countryside chiropractic				Tom Young DC, DACBSP® Onsite Chiropractic Treatment Form				
Patient Name: JON DOE SAMPLE						Date: XX/XX/XX		
Chief Complaint: (R) SHOULDER PAIN						(Circle) Pre-Game In Game Chronic		
Subjective						No complaint, performance screen		
2 WKS DURATION, NON-TRAUMATIC, 2/10 NPS ACHN ON MEDIAL (R) SCAPULA, AGGRAVATED BY THROWING, RGT/ICE, RECEIVES, & RADIATION								
Vitals (N) BP: R L L T Temp Pulse Resp								
Palpation/Inspection:				Post/Gait/FMA: (R) SHOULDER ELEVATION DYSKINESIS & OVERHEAD				
Joint	LLD L R		Derefield		SAL/SAR		FM Dec L (R)	Edema LSI (RSI)
LCS/RCS	LLD L	(R)	Derefield	+	-	SAL/SAR	FM Dec L (R)	Edema LSI (RSI)
Left Mopal	Left Static		Dec Seg Mot			Right Static	Listing	Technique
Rot / Lat Flex	Edema / TH		C2			Rot / Lat Flex	Edema / TH	PL Seid
Rot / Lat Flex	Edema / TH		T3			Rot / Lat Flex	Edema / TH	PLS MDP
Rot / Lat Flex	Edema / TH		T5			Rot / Lat Flex	Edema / TH	PRS
Rot / Lat Flex	Edema / TH		T8			Rot / Lat Flex	Edema / TH	PRS PDU
Rot / Lat Flex	Edema / TH					Rot / Lat Flex	Edema / TH	
Rot / Lat Flex	Edema / TH					Rot / Lat Flex	Edema / TH	

Building YOUR Notes

OBJECTIVE:

RESPECT THE VITALS

IT'S GOOD TO HAVE A PLACE TO
INCLUDE VITALS SHOULD YOU
NEED TO

IF RISK IS COMMON, CONSIDER
SPACE FOR SERIAL EXAMS



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Vitals (R) BP: R L L T Temp Pulse Resp							
Palpation/Inspection:				Post/Gait/FMA: (R) SHOULDER ELEVATION DYSKINESIS & OVERHEAD			
Joint	LLD L	R	Derefield	SAL/SAR	FM Dec	L (R)	Edema LSI RSI
LCS/RCS	LLD L	(R)	(+)	-			
Left Mopal	Left Static	Dec Seg Mot	Right Mopal	Right Static	Listing	Technique	Post-check findings
Rot / Lat Flex	Edema / TH	C2	Rot / Lat Flex	Edema / TH	PL	Seit	↑ MOB
Rot / Lat Flex	Edema / TH	T3	Rot / Lat Flex	Edema / TH	PRS	MDP	↑ MOB
Rot / Lat Flex	Edema / TH	T5	Rot / Lat Flex	Edema / TH	PRS	---	OCMT
Rot / Lat Flex	Edema / TH	T8	Rot / Lat Flex	Edema / TH	PRS	PDIV	↑ MOB
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH			
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH			

Building YOUR Notes

OBJECTIVE:

SIMPLIFY THE PROCESS BASED
UPON YOUR FLOW AND
TECHNIQUE

INCLUDE ALL REQUIRED
ELEMENTS TO JUSTIFY A
MANIPULABLE LESION



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Vitals (NT) BP: R L T Temp Pulse Resp										
Palpation/Inspection:				Post/Gait/FMA: (R) SHOULDER ELEVATION DYSKINESIS & OVERHEAD						
Joint	LLD	L	R							
LCS/RCS	LLD	L	R	Derefield	SAL/SAR	FM Dec	L (R)	Edema	LSI	RSI
Left Mopal	Left Static	Dec Seg Mot	Right Mopal	Right Static	Listing	Technique	Post-check findings			
Rot / Lat Flex	Edema / TH	C2	Rot / Lat Flex	Edema / TH	PL	Scit	↑ MOB			
Rot / Lat Flex	Edema / TH	T3	Rot / Lat Flex	Edema / TH	PRS	MDP	↑ MOB			
Rot / Lat Flex	Edema / TH	T5	Rot / Lat Flex	Edema / TH	PRS	—	OCMT			
Rot / Lat Flex	Edema / TH	T8	Rot / Lat Flex	Edema / TH	PRS	PDIV	↑ MOB			
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH						
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH						

Building YOUR Notes

OBJECTIVE:

SIMPLIFY THE PROCESS BASED
UPON YOUR FLOW AND
TECHNIQUE

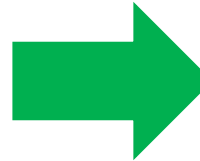
INCLUDE ALL REQUIRED
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Joint	LLD L	R	Derefield	SAL/SAR	FM Dec	L (R)	Edema LSI RSI
LCS/RCS	LLD L	(R)	Derefield	SAL/SAR	FM Dec	L (R)	Edema LSI RSI
Left Mopal	Left Static	Dec Seg Mot	Right Mopal	Right Static	Listing	Technique	Post-check findings
Rot / Lat Flex	Edema / TH	C2	Rot / Lat Flex	Edema / TH	PL	Scit	↑ MOB
Rot / Lat Flex	Edema / TH	T3	Rot / Lat Flex	Edema / TH	PRS	MDP	↑ MOB
Rot / Lat Flex	Edema / TH	T5	Rot / Lat Flex	Edema / TH	PRS	—	OCMT
Rot / Lat Flex	Edema / TH	T8	Rot / Lat Flex	Edema / TH	PRS	PDIV	↑ MOB
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH			
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH			

Building YOUR Notes

OBJECTIVE:

BE SURE TO INCLUDE ENOUGH
COMPONENTS TO JUSTIFY A
MANIPULABLE LESION



JOINT	LLD L R	Derefield	SAL/SAR	FM Dec	L R	Edema	LSI	RSI
LCS / RCS	LLD L R	Derefield	SAL/SAR	FM Dec	L R	Edema	LSI	RSI
Left Mopal	Left Static	Dec Seg Mot	Right Mopal	Right Static	Listing	Technique	Post-check findings	
Rot / Lat Flex	Edema / TH	C2	Rot / Lat Flex	Edema / TH	PL	Scit	↑ MOB	
Rot / Lat Flex	Edema / TH	T3	Rot / Lat Flex	Edema / TH	DES	MDS	↑ MOB	
Rot / Lat Flex	Edema / TH	T5	Rot / Lat Flex	Edema / TH	PRS	—	Q CMT	
Rot / Lat Flex	Edema / TH	T8	Rot / Lat Flex	Edema / TH	PRS	PDIV	↑ MOB	
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH				
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH				

Notes: ADAMS & POSTURE — FOR SCLIOSIS, (R) SCAPULOTHORACIC Jt & MEDIAL GUIDE & ADJACENT HYPERTONICITY, (R) HUMERO-ULNAR Jt & EXT & PN IN TERMINAL EXT

Myofascial	Left	Tissue	Right	Trigger Point	Technique	Response
Tender	Hypertonic	RHOMB	Hypertonic	Tender	L TrP R MRT	↓ TONE
Tender	Hypertonic	UT	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic	LEVATOR	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic	LAT	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic		Hypertonic	Tender	L TrP R	

Notes:

Patient Management: Referral to: EMS (Massage) PCP Ortho Imaging

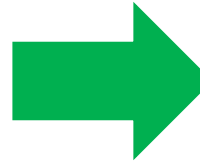
CMT: C T L P UE LE P/U IN OFFICE / ON-SITE / WK OR SOONER IF EXACERBATES

Date: 1/1/1 Clinician Signature: [Signature]

Building YOUR Notes

OBJECTIVE:

LEAVE SOME SPACE TO FREE-
FORM OTHER DETAILS



JOINT	LLD L R	Derefield	SAL/SAR	FM Dec L R	Edema LSI RSI
LCS / RCS	LLD L R	Derefield + -	SAL/SAR	FM Dec L R	Edema LSI RSI
Left Mopal	Left Static	Dec Seg Mot	Right Mopal	Right Static	Listing Technique Post-check findings
Rot / Lat Flex	Edema / TH	C2	Rot / Lat Flex	Edema / TH	PL ScitD ↑ MOB
Rot / Lat Flex	Edema / TH	T3	Rot / Lat Flex	Edema / TH	DES MDP ↑ MOB
Rot / Lat Flex	Edema / TH	T5	Rot / Lat Flex	Edema / TH	PRS — ↓ CMT
Rot / Lat Flex	Edema / TH	T8	Rot / Lat Flex	Edema / TH	PRS PDiv ↑ MOB
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH	
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH	

Notes: ADAMS + POSTURE — FOR SCLIOSIS, (R) SCAPULOTHORACIC Jt & MEDIAL GUIDE E ADJACENT HYPERTONICITY, (R) HUMERO-ULNAR Jt & EXT E PN IN TERMINAL EXT

Myofascial	Left	Tissue	Right	Trigger Point	Technique	Response
Tender	Hypertonic	RHOMB	Hypertonic	Tender	L TrP R MRT	↓ TONE
Tender	Hypertonic	UT	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic	LEVATOR	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic	LAT	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic		Hypertonic	Tender	L TrP R	

Notes:

Patient Management: Referral to: EMS (Massage) PCP Ortho Imaging

CMT: C T L P UE LE P/U IN OFFICE / ON-SITE / WK OR SOONER IF EXACERBATES

Date: 1/1/1 Clinician Signature: [Signature]

Building YOUR Notes

ASSESSMENT:

LISTINGS MAY BE ENOUGH IN A
SIMPLE ADJUSTING SCENARIO

MORE SPECIFIC DIAGNOSES
SHOULD BE USED FOR SIDELINE
INJURY ASSESSMENT

JOINT	LLD	L	R	Derefield	+	-	SAL	FM Dec	L	R	Edema	LSI	RSI
Left Mopal	Left Static	Dec Seg Mot	Right					Listing	Technique	Post-check findings			
Rot / Lat Flex	Edema / TH	C2	Rot					PL	Scit	↑ MOB			
Rot / Lat Flex	Edema / TH	T3	Rot / Lat Flex	Edema / TH				DES	MDS	↑ MOB			
Rot / Lat Flex	Edema / TH	T5	Rot / Lat Flex	Edema / TH				PRS	—	OCMT			
Rot / Lat Flex	Edema / TH	T8	Rot / Lat Flex	Edema / TH				PRS	PDIV	↑ MOB			
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH									
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH									

Notes: ADAMS + POSTURE — FOR SCOLIOSIS, (R) SCAPULOTHORACIC Jt & MEDIAL GUIDE E ADJACENT HYPERTONICITY, (R) HUMERO-ULNAR Jt & EXT E PN IN TERMINAL EXT

Myofascial	Left	Tissue	Right	Trigger Point	Technique	Response
Tender	Hypertonic	RHOMB	Hypertonic	Tender	L TrP R MRT	↓ TONE
Tender	Hypertonic	UT	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic	LEVATOR	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic	LAT	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic		Hypertonic	Tender	L TrP R	

Notes:

Patient Management: Referral to: EMS (Massage) PCP Ortho Imaging

CMT: C T L P UE LE P/U IN OFFICE / ON-SITE / WK OR SOONER IF EXACERBATES

Date: 1/1/1 Clinician Signature: [Signature]

Building YOUR Notes

PLAN:

ADJUSTMENT

WHERE

HOW

RESPONSE

JOINT	LLD	L	R	Derefield	SAL/SAR	FM Dec	L	R	Edema	LSI	RSI
LCS / RCS	Left Mopal	Left Static	Dec Seg Mot	Right Mopal	Right Static	Listing	Technique	Post-check findings			
Rot / Lat Flex	Edema / TH	C2	Rot / Lat Flex	Edema / TH	PL	Scit	↑ MOB				
Rot / Lat Flex	Edema / TH	T3	Rot / Lat Flex	Edema / TH	DES	MDS	↑ MOB				
Rot / Lat Flex	Edema / TH	T5	Rot / Lat Flex	Edema / TH	PRS	—	Q CMT				
Rot / Lat Flex	Edema / TH	T8	Rot / Lat Flex	Edema / TH	PRS	PDIV	↑ MOB				
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH							
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH							

Notes: ADAMS & BURET — FOR Spondylitis, (R) SPULOTHORACIC
IT & MEDIAL GUIDE E ADJACENT HYPERTONIC, (R) HUMERO-
ULNAR IT & EXT E PN IN TERMINAL EXT

Myofascial	Left	Tissue	Right	Trigger Point	Technique	Response
Tender	Hypertonic	RHOMB	Hypertonic	Tender	L TrP R MRT	↓ TONE
Tender	Hypertonic	UT	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic	LEVATOR	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic	LAT	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic		Hypertonic	Tender	L TrP R	

Notes:

Patient Management: Referral to: EMS (Massage) PCP Ortho Imaging

CMT: C T L P UE LE P/U IN OFFICE / ON-SITE / WK OR
SOONER IF EXACERBATES

Date: 1/1/1 Clinician Signature: [Signature]

Building YOUR Notes

PLAN:

SOFT TISSUE MOBILIZATION

WHERE

HOW

RESPONSE

JOINT	LLD L	R	Derefield	SAL/SAR	FM Dec	L	R	Edema	LSI	RSI
Left Mopal	Left Static	Dec Seg Mot	Right Mopal	Right Static	Listing	Technique	Post-check findings			
Rot / Lat Flex	Edema / TH	C2	Rot / Lat Flex	Edema / TH	PL	Scit	↑ MOB			
Rot / Lat Flex	Edema / TH	T3	Rot / Lat Flex	Edema / TH	DES	MDS	↑ MOB			
Rot / Lat Flex	Edema / TH	T5	Rot / Lat Flex	Edema / TH	PRS	—	Q CMT			
Rot / Lat Flex	Edema / TH	T8	Rot / Lat Flex	Edema / TH	PRS	PDIV	↑ MOB			
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH						
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH						

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Tender	Hypertonic	UT	Hypertonic	Tender	L TrP R MRT	"
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Tender	Hypertonic	LAT	Hypertonic	Tender	L TrP R MRT	"
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Notes:

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CMT: C T L P UE LE P/U in office / on-site / wk or SOONER IF EXACERBATES

Date: 1/1/1 Clinician Signature: [Signature]

Building YOUR Notes

PLAN:

FOLLOW-UP CARE

JOINT	LLD	L	R	Derefield	SAL/SAR	FM Dec	L	R	Edema	LSI	RSI
LCS / RCS	LLD	L	R	Derefield	SAL/SAR	FM Dec	L	R	Edema	LSI	RSI
Left Mopal	Left Static	Dec Seg Mot	Right Mopal	Right Static	Listing	Technique	Post-check findings				
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Rot / Lat Flex	Edema / TH	T3	Rot / Lat Flex	Edema / TH	DES	MDS	↑ MOB				
Rot / Lat Flex	Edema / TH	T5	Rot / Lat Flex	Edema / TH	PRS	—	Q CMT				
Rot / Lat Flex	Edema / TH	T8	Rot / Lat Flex	Edema / TH	PRS	PDIV	↑ MOB				
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH							
Rot / Lat Flex	Edema / TH		Rot / Lat Flex	Edema / TH							

Notes: ADAMS + POSTURE — FOR SCOLIOSIS, (R) SCAPULOTHORACIC Jt & MEDIAL GUIDE E ADJACENT HYPERTONICITY, (R) HUMERO-ULNAR Jt & EXT E PN IN TERMINAL EXT

Myofascial	Left	Tissue	Right	Trigger Point	Technique	Response
Tender	Hypertonic	RHOMB	Hypertonic	Tender	L TrP R MRT	↓ TONE
Tender	Hypertonic	UT	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic	LEVATOR	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic	LAT	Hypertonic	Tender	L TrP R MRT	"
Tender	Hypertonic		Hypertonic	Tender	L TrP R	

Notes:

Patient Management: Referral to: EMS (Massage) PCP Ortho Imaging

CMT: C T L P UE LE P/U IN OFFICE / ON-SITE / WK OR SOONER IF EXACERBATES

Date: 1/1/1 Clinician Signature: [Signature]

Questions???

